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| For:                      | WORK CAPACITIES TESTING APPARATUS AND METHOD | ) |
| Group:                    | UNASSIGNED                                   | ) |
| Examiner:                 | UNASSIGNED                                   | ) |
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**PRELIMINARY AMENDMENT**

Dear Sir:

Please amend the application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

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